

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11						
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS	13	1	1	1	1	1

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	13	1	1	1	1	1